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PREVENTIVE NURSING*

By L. G. WITHERSPOON, M.D.

When the request was made of me that I address this body of nurses I said "Yes," thinking on the spur of the moment that it would be an easy task, but after more sober consideration I discovered that it would be a rather difficult one. If you were a graduating class I might easily appear before you expatiating with all sorts of wisdom and advice, saying many touching things on duty and loyalty, drawing for you most beautiful mental pictures of yourselves as ministering angels to a suffering world that would sound so real as to make you listen expecting to hear the rustling of your own wings, and seeing for yourselves paths of glory leading through vast crowds of grateful, adoring people.

Various years ago, when you were all new graduates, you would have believed such an effusion as this, at least for a time, but the awakening would have come as I venture it has come to all of you—and you have found that the duty, loyalty and ministering-angel idea was all right to talk about, but that it is a mighty thin diet on which to work two or three nights without sleep,—with a sick patient, a cross doctor, and an upset household to contend with.

As I am among those who are through with the poetical side of nursing and are down to the plain facts, I will have to leave off the fuss and feathers and say something to you that has at least a semblance of being real truth.

Your presence here as members of this association proves conclusively that you have discovered that there is another part to your profession that is of importance besides the mere act of nursing. To my mind there is a part that is of much greater importance than that of active nursing.

Only a few decades ago the medical profession was spending all of its efforts to accomplish the cure of diseases—as to-day, sometimes they were successful and sometimes not, very often not, and because that all-important factor, the cause of the various diseases, was unknown. As our knowledge advanced through the masterly work of Koch, Klebs, Pasteur, Loeffler and others, and the real causes of the various diseases

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were discovered, there was opened the way for the greatest of all branches of medicine, the one that means the hardest work with the least pay, and has for its final object the obliteration of disease—preventive medicine.

To-day, where there is one physician striving to perfect a cure for a given disease, there are ten striving equally as hard to show how to prevent that disease. The work of practising preventive medicine is a much more difficult task than curative medicine. We can say, "Take a teaspoonful of this every three hours," and the patient takes it because he is sick and is told to do so, or is made to do so, and has some tangible object in view; but tell him when he is well that he can possibly escape such and such a disease by following certain rules of living, certain rules of diet, putting upon himself what appears to him as certain hardships, and he cannot see it. He cannot seem to understand that, if he obeys, his will be the reward, while if he disobeys the reward will go to his adviser. It is possibly a bit too altruistic for him. Why should any sane doctor be striving so hard to work himself out of a job?

It is here that to me the most important part of your work comes in, not from a financial standpoint—for as a financial proposition it does not pay—but from the standpoint of social economics. If there is a place for preventive medicine, there is an equal or greater place for preventive nursing, and it is in this great field of preventive nursing that you nurses of to-day should play a most important part, and are more useful both to the medical profession and to the public than you are in actual duty.

Two of the greatest questions that are to-day occupying the public mind the world over are those of the social evil and social welfare, and these are the two sub-heads under the title of preventive nursing.

This work can only be accomplished by the education of the masses, by example, and personal contact with them. You must take upon yourselves the position of fellow-educators with us, or I might better say, chief educators, for your position in the homes and among the people is much more intimate than that of the physician; you can accomplish more in one week, by actual example in the household, than we can accomplish by months of advice. I have found in my own experience that many times the family would believe the nurse in preference to the doctor, and sometimes the nurse was right and the doctor wrong.

For some reason, hard to understand, our motives along this line are questioned—yours cannot be. For example, one of the first and most important aids in the prevention of disease would be to procure

the proper legislation, and yet, whenever we ask for laws that will protect the public, the cry "Persecution" goes up, and that we are trying to create a medical trust—when as a matter of fact if they will give us the proper laws and enforce these laws we would soon have to create a medical home for the care of indigent physicians.

In most of our states you now have state registration, and while its benefits and privileges may not seem as great to you as they should, yet this is a step in the right direction, it has placed you upon a foundation where you are a factor to be dealt with, where you can make your influence felt, and you should lend it in the right direction.

You are non-sectarian—remain so. Then there cannot go up the cry that your efforts along this line for the aid of humanity are put forth for the purpose of creating a nurses' trust. It has been said that villification is the tribute mediocrity pays to genius, but there is mighty little satisfaction in that when the crowd thinks the other fellow the genius and you the mediocre.

The complaint is already being made that your registration laws are legislation for the few and against the many, and without the exercise of great care on your part this feeling is going to work against the very results that you are now in a position to accomplish.

Registration will not accomplish all of the results that you wish for. It will not protect the public completely against the unprepared and incompetent nurse, for part of the public don't want to be protected, and the influence of the uneducated, incompetent nurse is a most deleterious one, very far from the ideas of preventive medicine or preventive nursing. She is the one who airs her supposed knowledge, she is the one always so ready to give advice, and her advice is almost invariably wrong.

The medical profession has been working for years under the most adverse circumstances and against the greatest obstacles for the proper state registration of physicians, the proper requirements for such registration, and finally the enforcement of such laws when obtained. We have good registration requirements in every state, but they have not resulted as we expected. The eligible physicians are all registered and practising. The ineligible ones are not registered and are practising just the same, and through the vagaries of the law and the law's delays, our hands are seemingly firmly tied.

Registration of physicians, as of nurses, has the same object in view, that of protecting the public; that is preventive medicine and it is preventive nursing, but when we attempt its enforcement, the first cry is "Persecution."

In order to attain the desired results, it seems that we do not alone need the education of the masses—for some of the best educated people are our worst antagonizers—but we need a proper understanding by them of a few fundamental truths, and you are the ones who have the greatest opportunity to aid in this understanding. You can only do this by appreciating in full that you have a more important work than that of taking temperature, giving baths, and being ministering-angels —just as we have a more important work than writing prescriptions and carving out appendices—and then, when fully appreciating the importance of this work, prepare ourselves, and keep everlastingly at it.

To make others understand a thing, you must first understand it yourselves. Attend your national association meetings, see what your fellow nurses in other states are doing, and how they are doing it, then go home resolved to do it better. Attend your state association meetings, and see what the nurses in your own state are doing. Attend your local meetings, and go to learn and teach others. Organization is a help in itself, and is a greater help as an incentive to be up and doing. Identify yourselves with other civic organizations where your influence and knowledge can be of help to others.

Don't be simply trained nurses, but be trained educators as well. Much more is expected of you as registered nurses than was expected of you as trained nurses. The price of advancement is added responsibility. Use every effort to keep thoroughly posted on what our world of nursing and medicine is doing, for the strides are so great in this science that, without a strenuous effort on your part, you will be left many leagues behind. The theory of to-day becomes the proven fact of to-morrow; the belief of yesterday is an exploded fantasy of to-day.

Read your journals and read such of them as tell you not alone the most approved methods of nursing, but what is being done each day in the world of medicine, for that is as much your world as it is ours. Keep abreast of things, so that when the opportunity presents itself you can talk and advise intelligently where your advice will be listened to. By having a proper knowledge of the subject, be able to show why malaria is not due to dampness, why tuberculosis is not hereditary, how typhoid is contagious, that an abscess is ready to be opened as soon as it is present, and not when it gets ripe. These and many other things that were believed only a few years ago are now proven false, as you well know, and equally as important facts are being proven every year. Learn for yourselves how to teach that prevention is better than cure.

The nurse who graduates to-day well prepared for her profession will be far behind next year if she does not keep herself well informed

as to what the world is doing. Not that she will not be a good nurse and well able to give a good account of herself, both to the doctor and patient, as far as the practical side of nursing is concerned, but she will not be able to fill that place in the world's work which she is to-day both expected and entitled to fill.

You do not need me to tell you how to do practical nursing; you have all learned that under better teachers than I, and have had that knowledge broadened by experience, but you do need to be impressed with the idea that your most important work to-day is in teaching people how not to be sick. That when you take your place as the nurse of a certain patient you have it in your power to render to that patient and that family a service invaluable, by teaching them that most diseases are preventable if they will only lay aside their prejudices and follow your advice, believing that you and I are not trying to persecute, not trying to build up a doctors' trust or a nurses' trust, not trying to establish a monopoly of any kind that will be of benefit to ourselves, but are using our honest efforts to give to the people of the world a monopoly of good health.

SCHOOL NURSING IN TORONTO, CANADA

By LINA L. ROGERS, R.N.
Superintendent of School Nurses

First Paper

When the Toronto Board of Education decided to have medical inspection of schools it proceeded to establish the system along the broadest possible lines.

On April 21, 1910, a superintendent of nurses was engaged to organize the school nursing staff, and to find out what conditions existed among the school children. On May 5 two nurses were appointed, and later two more added to the staff. On June 16 two medical inspectors were appointed, whose duty it was to see all cases sent to them for diagnosis.

The four nurses and two medical inspectors could only look after twenty schools with an attendance of 11,000 children. The total number of schools in the city was seventy and the attendance 40,000 children. The principals of the schools not inspected sent lists of the names of children requiring attention to the chief inspector, and requests were constantly made for the services of the nurse. The conditions found